



Illinois Workers' Compensation Commission

69 W. Washington St, Suite 900
Chicago, IL 60602
312-814-6500

JB Pritzker, Governor

Michael J. Brennan, Chairman

Name:

Address:

City, State Zip code:

Case Number: _____

Dear _____:

This is your ANNUAL Rate Adjustment Fund Affidavit. You must complete this Affidavit every year for IWCC to determine if you are eligible to continue receiving RAF benefits.

You are only eligible if:

1. You currently receive Permanent Total Disability or Fatality benefits under the Workers' Compensation Act; and
2. You have not settled your case for a lump sum payment.

For IWCC to process your RAF payments, you must:

1. Complete the enclosed Affidavit; **and**
2. Have the enclosed affidavit notarized by a Notary Public; **and**

NOTE: You must sign this Affidavit in front of the Notary Public and have the Notary complete the bottom portion of the affidavit.

You must provide the Notary Public with two pieces of identification, at least one showing your current address.

3. **Provide a copy of your most recent workers' compensation benefit check** **(Do NOT send a copy of your RAF check or Deposit)**
(Acceptable Docs: a photocopy of the check and/or check stub or a bank statement or signed banker letter showing direct deposit)
4. Make a copy of your completed affidavit to keep for your files; **and**
5. Return the notarized Affidavit and the copy of your most recent workers' compensation benefit check, check stub, or evidence of direct deposit to IWCC by one of the following:

By Mail

Rate Adjustment Fund
Attn: Cole D Garrett
IL Workers' Compensation Commission
69 W Washington St, 9th Floor
Chicago, IL 60602

OR

Scan and E-Mail all documents to:

Cole.Garrett@illinois.gov

THESE DOCUMENTS MUST BE RECEIVED by _____. Once these documents are received, the Commission will determine your eligibility to receive RAF payments under the Workers' Compensation Act.

For questions about RAF payments:

For questions about RAF eligibility:

To sign up for direct deposit:

email Tayra G. Brooks at Tayra.Brooks@illinois.gov or call (312) 814-1606.

email Cole D. Garrett at Cole.Garrett@illinois.gov or call at (312) 465-3978.

call the Illinois Office of the Comptroller at (217) 557-0930.

Affidavit on Back of This Page

Sincerely,

Cole D. Garrett, Deputy General Counsel

ILLINOIS WORKERS' COMPENSATION COMMISSION
AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS
PERMANENT TOTAL DISABILITY CASE
Fiscal Year _____

Case Number: _____

I, _____ being duly sworn on oath, depose and state:
(Name of payee)

I am the person determined to be eligible for workers' compensation permanent total disability benefits in this case.

My legal address (where I can receive notices and personal information) is as follows:

Address _____
(Street Address)

(City, State, Zip)

Telephone _____ E-Mail _____

Last 4 Digits of Social Security Number ____ _ Date of Birth ____ _ / ____ _ / ____ _

☐ I continue to be eligible to receive workers' compensation benefits for this case. I have enclosed a copy of my most recent benefit check, check stub, or evidence of direct deposit.

Not my RAF check or Deposit.

I receive my benefit checks (check one):

- ☐ Weekly
- ☐ Every 2 weeks
- ☐ Monthly
- ☐ Every 4 weeks
- ☐ Other (Please explain) _____

By my signature below, I affirm and state that I have read and understood and affirm each and all the following:

1. I am aware that I should inform the Workers' Compensation Commission if my legal address changes.
2. I am aware that I should notify Cole D. Garrett if I enter into a lump sum settlement.
3. I have completed this Affidavit to the best of my knowledge, and I am aware that any person who willfully signs this Affidavit containing false/inaccurate information may be guilty of perjury and/or fraud, and subject to punishment as prescribed by law.

Signature of Payee _____

Signed and sworn to before me on _____
(Date) Notary Public _____